OMB CONTROL NUMBER: 1024-XXXX
Expiration Date: XX/XX/XXXX

## **SEM VISITOR INTERCEPT SURVEY**

## INTERCEPT OPENING SCRIPT

"Hello, I am working with [NPS Site] conducting a 6-minute survey to improve visitor experiences in the park. Are you a park employee, or have you or anyone in your personal travel group taken a Visitor Survey at [NPS SITE] recently?"

0	No - visitor is eligible for survey
0	Yes - previously participated in survey
0	Yes - park employee
0	Language barrier / unable to communicate
0	Ineligible for another reason (please specify):
è If t	he visitor <u>is <b>eligible</b></u> , continue below. If the visitor is ineligible, record the reason, and thank them for their time.

May I ask you some questions about your [NPS Site] experience?

è If the visitor says **NO**, read the following script:

Ok, may I ask three quick questions?

è If the visitor says NO, thank them for their time.

è If the visitor says **YES**, ask the non-response bias questions:

- 1. "Are you a permanent or seasonal/second home resident of the local area around [NPS Site]?"
- 2. "Do you currently live in the United States?"
- 3. "On this trip away from home, will you [and your personal group] stay overnight away from your permanent residence either in [NPS Site] and/or within the local area? [Show map]"
- 4. Was visiting [NPS Site] the primary purpose for your overall trip away from home?

è If the visitor says **YES**, read the following script:

Before we begin, I would like to let you know that this survey has been approved by the Office of Management and Budget. It is important to note that a federal agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless it has a valid OMB control number. The control number for this collection is XXXX-XXXX and this number is valid through XX/XX/XXXX. Secondly, your participation is voluntary, and your name will never be connected with your individual responses. This survey will only take about six minutes of your time today. [Continue by showing the following statement regarding the Paperwork Reduction and Privacy Act.]

PAPERWORK REDUCTION and PRIVACY ACT STATEMENT: The Paperwork Reduction Act requires us to tell you why we are collecting this information, how we will use it, and whether or not you have to respond. We are authorized by the National Park Service Protection Interpretation and Research in System (54 USC §100702) to collect this information. The routine uses of this information will be for the benefit of NPS Managers and Planning staff in [NPS Site] in future initiatives related to visitor use and resource management within the site. The data collected will be summarized to evaluate visitor uses and expectations during their visit at [NPS Site]. Your responses to this collection are completely voluntary and will remain anonymous. You can end the process at any time and will not be penalized in any way for choosing to do so. All contact information collected for the purpose of the follow-up survey will be destroyed at the end of the collection period and no personal identifiable records will be maintained or stored for any purpose. Data collected will only be reported in aggregates and no individually identifiable responses will be reported. A Federal agency may not conduct or sponsor, and you are not required to respond to, a collection of information unless it displays a currently valid OMB Control Number. We estimate that it will take about 6 minutes to complete this on-site questionnaire. You may send comments concerning the burden estimates or any aspect of this information collection to: Dr. Jake Jorgenson, RRC Associates, at <a href="mailto:jake@rrcassociates.com">jake@rrcassociates.com</a> (email); or Bret Meldrum, NPS Social Science Program Manager, at <a href="mailto:bret\_meldrum@nps.gov">bret\_meldrum@nps.gov</a> (email).

## **SECTION 1:**

1.	Are you a first-time visitor to [NPS Site]?					
	O Yes					
	O No					
	>	(If no) Including this visit, how many visits have you made to [NPS Site] over the past 12 months?visits				
	>	(If no) Including this visit, how many visits have you made to [NPS Site] over the past five years?visits				
2.	How many visits	ts have you made to other NPS sites over the past 12 months?				
3.	Are you a pern of local area)	nanent or seasonal/second home resident of the local area around [NPS Site]? (Please refer to map				
	O Yes, I a	m a permanent resident				
	>	(If permanent resident) What is your ZIP code in the local area?				
	O Yes, I a	m a seasonal resident				
	>	(If seasonal resident) What is your ZIP code in the local area?				
	O No, I a	m not a resident of the local area around [NPS Site]				
4.	(If no in Q3, no	ot a permanent or seasonal resident) Do you currently live in the United States?				
	O No					
	>	What is your country of origin? (Drop Down List)				
	O Yes					
	>	What is the ZIP code of your permanent residence?zip code				
5.	(If no in Q3, no trip away from	ot a permanent or seasonal resident) Was visiting [NPS Site] the primary purpose for your overall home?				
	O Yes					
	O No					
	> (	If no) Was visiting [NPS Site]?				
		<ul> <li>O The primary reason you came to the local area</li> <li>O One of several reasons you came to the local area</li> <li>O An incidental or spontaneous stop</li> </ul>				
6.	(If yes in Q3, a from home too	permanent or seasonal resident) Was visiting [NPS Site] the primary purpose for your trip away day?				
	O Ves					

	(If no) Was visiting [NPS Site]?
	<ul><li>O One of several reasons for your trip away from home today</li><li>O An incidental or spontaneous stop</li></ul>
	SECTION 2:
7.	(If no in Q3, not a permanent or seasonal resident) How many total days will you spend away from home on your overall trip that includes your visit to [NPS Site]?
	days
8.	(If no in Q3, not a permanent or seasonal resident) How many days will you spend in the local area on your trip? (Please refer to map of local area)
	days
	your trip, will you stay overnight away from your permanent residence in [NPS Site] and/or within the local area? ease refer to map of local area)
	O Yes O No
	(If Overnight = YES) On your trip, what type(s) of accommodations will you use while in the local area, including any nights spent in [NPS Site]? Please mark (●) all that apply  ○ Backcountry Camping in [NPS Site]  ▷ (If selected)# of nights  ○ Camping in [NPS Site]  ▷ (If selected)# of nights  ○ Camping outside [NPS Site] in the local area  ▷ (If selected)# of nights  ○ Lodging in [NPS Site] (e.g., hotels, cabins)  ▷ (If selected)# of nights  ○ Lodging outside [NPS Site] in the local area (e.g., hotels, cabins, vacation rentals, glamping)  ▷ (If selected)# of nights  ○ Unpaid accommodations (e.g., family and friends)  ▷ (If selected)# of nights
11.	(IF ACCOMMODATION = IN NPS SITE (1, 2, 4)) What time did you arrive in [NPS Site] on your first day of your stay?
	Hour (1-12)
	O AM O PM
12.	(IF ACCOMMODATION = IN NPS SITE (1, 2, 4)) What time do you plan to leave [NPS Site] on the last day of your stay?
	Hour (1-12)
	O AM O PM

O No

9.

## **SECTION 3:**

13. Including	yourself, how m	nany people ar	e in your perso		ou visit [NPS Si	te]?	
	personal group				_	_	as a spouse,
	ends, etc. This <u>do</u>		the larger grou	ıp that you mig	<u>ht have travele</u>	<u>d with, such as</u>	<u>a school,</u>
<u>church, sco</u>	out, or tour grou	<u>ір</u> .					
	_ Adults (18 yea	rs or older)					
	_ Children (und	er 18 years)					
What are the	ages of each of	the adults in y	our group? Not	te: ages will be	collected for a	max of 6 adults	per group
	Your Age	Adult 2	Adult 3	Adult 4	Adult 5	Adult 6	
Age (years)							
	nild in the group dren per group					_	l be collected ;
	Child 1	Child 2	Child 3	Child 4	Child 5	Child 6	1
Age (years)							]
	amounts were be asked at pa amounts at pa Version A (ove	e developed for orks that have o orks that have p ernight use): \$5	this question - covernight use (\ covernight use (\ covernight day use) covernight day use covernight day	one characteriversion A), and the (Version B). Son, \$200, \$350,	ized by slightly another with sl specifically: \$500, \$750, \$1	higher dollar ar lightly lower do ,200, \$2,000	mounts to
O Ye	some of the cost otal trip costs w es, I would still to o, I would not ta	ere \$X more, wake this trip.					
. On this trip, d	o you plan to vi	sit [NPS Site] f	or more than o	ne day?			
O Ye		many days do	o you plan to sp	oend within [N	PS Site] on this	trip?	
		oays now many diffe	erent days do y	ou expect to e	nter the park?		
	[	Different Days	Entered [NPS S	ite]			

(	O No
	(If no) Do you plan to spend one hour or more within [NPS Site] today?
	O Yes
	(If yes) How many hours do you plan to spend within [NPS Site] today?hours
	O No
	O No  (If no) How many minutes do you plan to spend within [NPS Site] today?minutes
19. Did y	you, or do you plan to leave and re-enter the park today?
(	O Yes
	(If yes) How many times?
	# of Times
	<del></del>
'	O No
20. Whi	ch was the most recent entrance you used to enter the park? (Show Local Area Map)
	Entrance #1
	Entrance #2
	Dentrance #3 Dentrance #4
	2 Entrance #4
	sidering your visit <i>today</i> , have you been to or do you plan to visit any of the following locations within [NPS ? Please mark (•) all that apply
	O List of locations
22. Fron	n the list below, select all forms of transportation you personally used to travel from your home to [NPS Site]
on tl	nis trip.
,	2 (4) Can think on CIN/ a contaminate value (1)
	O (1) Car, truck, or SUV (e.g., standard private vehicle) O (2) Recreational vehicle or motorhome
	O (3) Taxi/rideshare
	O (4) Airplane
	O (5) Commercial tour bus
Ì	O (6) Commercial tour van
Ì	O (7) Shuttle
	O (8) School bus or church bus/van
	O (9) City bus or subway
	O (10) Train or long distance passenger bus
	O (11) Bicycle
	O (12) Electric bicycle
	O (13) Electric scooter
	O (14) Water-based transportation
(	O (15) Motorcycle
	O (16) Electric Bicycle
	O (17) Walk/hike
	O (18) Other (Please specify:)

23. [From options selected in Q21] Which form of transportation did you personally use to enter [NPS Site] today?

		1) selected) How many people were traveling in your vehicle on your visit to [NPS Site]?#				
	peo	•				
		2) selected) How many people were traveling in your vehicle on your visit to [NPS Site]?#				
	peo					
		14) selected) Which forms of water-based transportation did you use?				
		o Cruise ship				
		o Ferry				
		o Tour boat				
		o Personal boat				
		o Sailboat				
		o Canoe/kayak				
		O Other (Please specify:)				
		15) selected) How many people were traveling on your motorcycle on your visit to [NPS Site]? eople				
24. Was you	ır visit to	o [NPS site] part of a multi-day group tour organized by a travel agency or other tour operator (i.e	e. a			
_		Please mark (●) one.				
	Yes	Transcriber (1) Charles				
	103					
		(If yes) What is the total cost of the package tour for your personal group? \$				
		(If yes) What is the total length of your package tour?				
		days				
		(If yes) Did your package tour include lodging (e.g., hotels, lodges, house)?				
		O Yes				
		o No				
		0 Unsure				
		(If yes) How many people in your personal group were on the package tour?				
	_	people				
(	O No					
25 On f	hic vicit	to [NPS Site], which one of the following entrance fees applied to you personally? Please mark (	۱.			
one		to [14 5 site], which one of the following chiralice rees applied to you personally. I reaso mark (	-,			
Offic	•					
0	Did not	t pay a fee or use a pass to enter the park				
0	7-day e	entrance pass				
0	O Annual pass for [NPS Site]					
0	O America the Beautiful-National Parks and Federal Recreation Lands					
0						
_						
0		ay fee (e.g., single-day entry fee)				
0		know/Unsure				
0	Other (	(Please specify:)				

Surveyor script:

Thank you for your time. To record a more complete picture of your [NPS Site] visit, we ask you to please take this mail-back survey and complete it after your trip. You can participate either by completing the paper form and mailing it in the postage-paid envelope, or online through a password-protected website. The website information is provided on a slip of paper inside the survey packet.

Because your opinion is important to us, we send replacement surveys if you lost your survey and reminders if you forgot to complete it when you returned home. Would you be willing to share your home address or email to send a reminder or replacement survey in the following weeks? Your information is anonymous, and your results will be only reported in the aggregate.

First name:	
Address:	
Email:	